## South Carolina Office of Regulatory Staff APPLICATION/VERIFICATION FOR LIFELINE ASSISTANCE Based on Household Income

Name:		( ) The state of t	700		
	First	MI	Las	t	_
Address:	A A C	City	Stat	e	Zip
Social Security N	Number of Applicant:	VIE ?			
Геlephone Numb	per (if applicable):	OP			
Геlephone Comp	any Name:				
		HCA			
1. Name	<b>2.</b> Gross income and how often it was received Example: \$100/monthly \$100/twice a month \$100/every other week \$100/week				
(list <b>everyone</b> in household)	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	3. Check if NO income
		<u> </u>			
to notify the telep	enalty of law that all info bhone company when I a ttach supporting docume	m no longer eligible	e for this assistance prog	gram.	
imited to: U.S. l Benefit, Public/P	Individual Income Tax Sirivate Retirement/Pensio Benefit Statement, Worke	tatement, W-2 Wag n Statement, Vetera	e and Tax Statement, S n's Administration Sta	ocial Security tement of Ben	Statement of efit, Pay Stub,
Signature of Applicant:		Date:			
		OFFICAL US			
	certify that the applicant	-			
Si	gnature:	Date:			